

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-035368

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 385

Primary Registration District No. 3039

Registrar's No. 195

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

6585

2210

3

4 0

5 2

6

7 0

8 2

9 X

10

11 021

12 1-2

13 2-0

DATE AMENDED

INSTEAD OF

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

DOCUMENT

1. ~~FILED~~ OCT 2 1962  
a. COUNTY LINNb. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN BROOKFIELDLength of stay in 1b  
2 HOURSc. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION Doctor's HospitalInside Limits  
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE MO. b. COUNTY CHARITON

c. CITY OR TOWN BRUNSWICK

Inside Limits  
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)  
408 N. JEFFERSONReside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

ROSS ROBERT CREASON

4. DATE OF DEATH

Month

Day

Year

9 22 62

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

3-16-1890

9. AGE (last birthday)

72

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

JANITOR

10b. KIND OF BUSINESS OR INDUSTRY

JANITOR

11. BIRTHPLACE (City and state or country)

DALTON, MO.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Bob CREASON

13b. MOTHER'S MAIDEN NAME

MINNIE MIDCALE

14. NAME OF HUSBAND OR WIFE

IVA CREASON

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Clarence L. Creason, Brunswick

18. CAUSE OF DEATH (Enter only one cause per line  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Respiratory arrest

INTERVAL BETWEEN  
ONSET AND DEATH  
Instant

1hr. 43min

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

Severe shock

DUE TO (c)

Acute traumatic (auto) accident: multiple fractures, lacerations, contusions, and shock.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

One car auto accident near Mendon, Mo.

20c. TIME OF INJURY

Hour

Month, Day, Year

6:47

a.m.

p.m.

9/22/62

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

Highway No. 11

20f. CITY, TOWN, OR LOCATION

Mendon

COUNTY

Chariton

STATE

Mo

21. I attended the deceased from 7:30pm 9/22/62 to 8:30am 9/22/62 and last saw her alive on 9/22/62

Death occurred at 8:30pm

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

John W. White, D. O.

(Degree of title)

22b. ADDRESS

Brookfield, Mo.

22c. DATE SIGNED

9/25/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

Sept 25-62

23c. NAME OF CEMETERY OR CREMATORY

Elliott Grove

23d. LOCATION (City, town, or county)

Brunswick, Mo.

(State)

24. FUNERAL DIRECTOR

Heisel-Koch

ADDRESS

Brunswick, Mo.

25. DATE RECD. BY LOCAL REG.

9-25-62

26. REGISTRAR'S SIGNATURE

Anna Watson

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*William R Koch*

Licensed Embalmer No. 4751

P. O. Address

*Brunswick, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.